DR PATENTS

Date: stober 4, 2000

Docket No. 55013630-0003

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s):

Peter Coad

Dietrich Charisius

For: Method and System for Displaying Changes of Source

Code

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Assistant Commissioner For Patents, Washington, D.C. 20231, on this date.

A Oct Zeoos

Date

∕larina N. Saito

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| Enclosed are: |  |
|---------------|--|
|               | 26 pages of specification, 8 pages of claims and an abstract.  |
|               | an executed oath or declaration, with power of attorney.   |
| $\boxtimes$   | an unexecuted oath or declaration, with power of attorney.   |
| $\boxtimes$   | 24 sheet(s) of informal drawing(s).  |
|               | _ sheet(s) of formal drawings(s).  |
|               | Assignment(s) of the invention to  |
|               | Assignment Form Cover Sheet.   |
|               | A check in the amount of \$ to cover the fee for recording the assignment(s) is enclosed.  |
|               | Associate power of attorney.   |
|               | Fee Calculation For Claims As Filed  |
|               | a) Basic Fee \$ 710.00   |
|               | b) Independent Claims 8 - 3 = 5 X \$80.00 = \$ 400.00  |
|               | c) Total Claims $40 - 20 = 20 \times 18.00 = \$ 360.00$  |
|               | d) Fee for Multiple Claims X \$260.00 = \$   |
|               | Total Filing Fee \$ 1470.00  |
| $\boxtimes$   | Statement(s) of Status as Small Entity, reducing Filing Fee by half to \$ 735.00   |
|               | Check No. in the amount of \$ to cover the filing fee is enclosed  |
|               | Charge \$ to Deposit Account No. 19-3140.  |
|               | Other  |
|               | The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 19-3140. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-3140. Two duplicate copies of this sheet are enclosed. |

SONNENSCHEIN NATH & ROSENTHAL

P. O. Box #061080 Wacker Drive Station, Sears Tower Chicago, Illinois 60606-1080 (312) 876-8000

Marina N. Saito

Registration No. 42,121

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